



SCHEDULE C – EQUIPMENT/PROCUREMENT EXPENSES

Subrecipient Name:	FIPS #:
Grant Award/Disaster Number:	

This questionnaire is being sent to your organization as a subrecipient of federal funds awarded through the California Governor's Office of Emergency Services (Cal OES).

Please complete the following questionnaire as it relates to any **procurement and contract** costs (including match dollars reported) that may have been included in any reimbursement request submitted for the above grant and **return it to the address shown below by (Date)** _____.

Cal OES
Grants Monitoring
3650 Schriever Avenue
Mather, CA 95655
GMD@caloes.ca.gov

For the purpose of this questionnaire, **procurement includes all stages of the process of acquiring property (items) or contracting for services**, beginning with the process for determining a need for property or services and ending with contract completion and closeout.

1. Did you procure any goods or services under this grant award?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did your organization enter into any contract under this grant award?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If you entered into a contract under this grant award, was the contracted amount for (check all that apply):	<input type="checkbox"/> < \$5,000 <input type="checkbox"/> > \$25,000 <input type="checkbox"/> ≥ \$100,000
Please respond to the first 3 questions, at a minimum. If Yes to questions 1 <u>or</u> 2 above, continue to question #4. If No to questions 1 <u>and</u> 2 above, please sign and return this schedule to the address shown above.	
4. Does your organization have written procurement policies and procedures? If No, do you follow the State's procurement policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Do you have a written code of conduct / conflict of interest policy for employees who award or administer contracts or administer contracts or oversee procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If any contract was over \$100,000, which of the following methods for procurement did you use (check all that apply)? a. Sealed Bids b. Competitive Proposals c. Non-competitive Proposals (sole-source) d. Other (please describe): _____	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did you procure goods or services using a non-competitive bid (sole- source)? If yes: a. Was justification for the non-competitive procurement documented in writing? b. Was the non-competitive procurement authorized in advance by Cal OES? c. Did you solicit a number of sources? d. Was the item available from only one source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your organization maintain an inventory listing of all equipment purchased with grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do your contracts contain administrative, contractual, or legal remedies for contractor violations or breach of terms, and provide for sanctions and penalties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do your contracts contain: a. A termination for cause and for convenience clause allowing for contract termination? b. Provisions for access to the contractor's records related to the contract? c. Notice that records should be retained for three years after the final grant payment is made and all pending matters are closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does your organization retain procurement documentation? If yes, please indicate how long procurement records are retained:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 7 years <input type="checkbox"/> Other _____
12. In your organization, is the same individual responsible for ordering and receiving equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Was Cal OES approval received prior to purchasing computer equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. If you entered into a contract, was the contract included in the approved grant budget or in a budget modification?	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. How many bids did your organization obtain for equipment purchase(s) made with grant funds?	<input type="checkbox"/> 1 bid <input type="checkbox"/> 1 – 2 bids <input type="checkbox"/> ≥ 3 bids
16. Is the equipment used exclusively for this grant program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. When was the last physical inventory taken of equipment purchased with Cal OES grant funds?	<input type="checkbox"/> This year <input type="checkbox"/> Last year <input type="checkbox"/> 3 Years ago
18. Has equipment purchased with Cal OES grant funds been lost, stolen, or destroyed? If yes, was the loss/damage reported to Cal OES?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
19. If a vehicle was purchased, was the purchase included in your original grant award? a. If no, did you receive approval for the purchase? b. If yes, was it approved before the purchase was made? c. If yes, was it approved after the purchase was made through a budget modification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does your organization have policies and/or procedures in place to verify vendors/bidders are not debarred or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification Statement

This is to certify that, to the best of our knowledge and belief, the data furnished on this form is accurate, complete and current. We further understand that any fraudulent information contained on this form may have an effect on future Cal OES funding for this organization.

Prepared by <i>(Signature)</i> :	Date Signed:
Print Name:	Telephone #:
Authorized Certifying Official <i>(Signature)</i> :	Date Signed:
Print Name:	Telephone #:
Address:	